United States Department of State

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INFORMATION MEMO FOR AMBASSADOR CHRIS LAMORA, CAMEROON

FROM: **S/GAC – Acting U.S. Global AIDS Coordinator, Principal Deputy Assistant Secretary, Dr. Angeli Achrekar, DrPH, MPH**

THROUGH: **S/GAC – Chair, Sally Blatz**
S/GAC – PPM, Samantha Walker

SUBJECT: **Fiscal Year (FY) 2023 PEPFAR Planned Allocation and Strategic Direction**

Dear Ambassador Chris Lamora,

First and foremost, I sincerely hope that you and your team are safe and healthy. Congratulations on your recent appointment. I am extremely grateful for your team's leadership of the PEPFAR program and additional COVID-19 response efforts during this difficult year.

While countries around the world continue to manage the effects of the COVID-19 pandemic, and the U.S. government acts on its commitment of support, it is encouraging to see vaccines making their way around the globe. The COVID response efforts – and continued use of the PEPFAR platform to support testing and vaccine delivery and uptake at point of care settings - are essential to our ability to provide ongoing care and life saving support for people living with HIV. The PEPFAR program has faced many challenges as a program during this period. Nevertheless, the PEPFAR family and partners have carried the mission forward while enduring significant personal impacts of COVID-19. Despite these challenges, what remains true is the strength and resilience of PEPFAR in partnership with countries and communities – through our teams, and our programs in the midst of dueling pandemics.

Tremendous effort has been made by PEPFAR over the year to protect and accelerate the HIV gains, while leveraging the platform to respond to COVID-19 as well.

PEPFAR Country/Regional Operational Plan (COP/ROP 2022) (for implementation in FY2023) represents a pivotal year in PEPFAR, as several countries are reaching or approaching the agreed upon UNAIDS 95/95/95 benchmarks for attaining epidemic control. As countries approach these benchmarks, while pivoting from "scaling to close gaps" to "sustaining" epidemic control, we must ensure HIV program and population equity, address outstanding barriers that threaten to derail progress made in reducing new HIV infections and associated mortality, and tailor our programs to serve all populations.

This year it is particularly important to plan COP/ROP22 together with the country government, civil society, and multilateral partners. Across PEPFAR, the focus on equity requires vigilant attention to program data demonstrating results and gaps. A focus on equity also means a focus on population groups where our efforts to date have not closed gaps, and specific planning, resource allocation, and program tailoring are needed – depending on what the data reveal for each country – focusing on: children, adolescent girls and young women, and key populations.

While implementation continues, or in many cases, has started to scale up, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach COP/ROP 22 planning and implementation:

1. Achieve and sustain epidemic control using evidence-based, equitable, people-centered HIV prevention and treatment services.
2. Support resilient and capacitated country health systems, communities, enabling environments, and local partners to build enduring capabilities.
3. Strengthen cooperation and coordination for greater impact, burden sharing, and sustainability.
4. Employ an equity lens with a focus on reducing persistent inequalities experienced by children, key populations, and adolescent girls and young women.

I want to applaud the PEPFAR team for the following achievements:

- Viral load coverage and suppression rates improved across the program in FY21, and for the first time, in Q4 of FY21, PEPFAR program viral load suppression surpassed 90% – a major milestone in Cameroon's fight against HIV. We especially applaud the FY21 progress in viral load coverage and suppression among pediatrics, key populations, and breastfeeding women.
- Steady progress in case-finding has brought Cameroon closer to the epidemic control target of 90% of all HIV positive individuals knowing their status. Index testing has continued to scale up with an emphasis on confidentiality and consent, and in the last two quarters of FY21 index case finding accounted for 27% and 28% of all positives, respectively.
- Despite COVID-19, the PMTCT program has done an excellent job of ensuring all pregnant women know their HIV status (99% on average in FY21) and that all HIV positive pregnant women are on ART (99% ART coverage in FY21).

Together with the Government of Cameroon and civil society leadership we have made tremendous progress together. Cameroon should be proud of the progress made over the past 18 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

As you will see in COP guidance this year, changes in program direction will vary depending on where countries are in reaching epidemic control and the continued COVID-19 mitigations efforts each team is facing. While assessing possible shortfalls in programming arising from COVID-19, overarching challenges still exist.

Specifically, more focus and attention should be given to the following key challenges in PEPFAR Cameroon:

- Supply chain challenges, stock tensions and stock outs continue to hurt patient outcomes in Cameroon. Specifically, ARV shortages and procurement delays have disrupted the scale up of TLD, resulting in the reversion of patients from TLD back to TLE and the scale-back of multi-month dispensation (MMD). Commodity shortages have also impacted HIV testing (especially in COP19), 2-month EID coverage (COP20 and ongoing), and TPT completion rates. COP22 must prioritize an alignment of program targets among GRC, Global Fund, and PEPFAR, resulting in ambitious but achievable common targets that are fully supported by commodity funding commitments. This will likely result in a reduction of PEPFAR cascade targets (testing, treatment, and viral load), which is reflected in the COP22 planning level. Procurement plans must be optimized to eliminate procurement delays and funding gaps, and must ensure that preferred commodity items and regimens are procured in sufficient quantities to support common targets and program goals, including treatment, testing, EID, VL, TB, PrEP, and others.

- PrEP access must be scaled up among key populations and expanded to AGYW and other high-risk groups. A formal review of the initial PrEP implementation study should take place among the PrEP TWG prior to the start of COP22, and the expansion of PrEP to groups beyond just FSW and MSM over 21 years of age must be prioritized so that additional high-risk groups can access PrEP from the start of COP22. The PrEP funding in this planning level letter will be conditional on the expansion of PrEP access being formally approved prior to the start of COP22, specifically access for AGYW, all key populations (including those under the age of 21), pregnant women (including those under the age of 21) and other high-risk groups.
- Pediatric outcomes continue to lag behind adults in nearly all areas of the cascade and in some areas, pediatric outcomes got worse between FY20 and FY21 – notably in linkage rates, MMD adoption and testing yield. Viral load coverage and suppression lag adult results though are trending overall in the right direction. 2-month EID coverage is unacceptably low and must improve and the transition to DTG-10 must be dramatically accelerated.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/ROP 22 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from years past, PEPFAR teams will once again be responsible for setting their own targets across PEPFAR program areas (with the treatment current target no less than the result that was to be achieved in COP 2021) in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals.

The PEPFAR COP/ROP 22 notional budget for Cameroon is **$80,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program directives provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of Cameroon and civil society of Cameroon, believes is critical for the country's progress towards controlling the pandemic and maintaining control.

Finally, in alignment with efforts by the U.S. government to support diversity, equity, inclusion, and accessibility as well as to advance equity for underserved communities and prevent and combat discrimination or exploitation on the basis of race, religion, gender identity or sexual orientation, PEPFAR will work to ensure that these principles are upheld, promoted, and advanced in all PEPFAR programs and in how we do business.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will review this planning letter and details contained, herein, with your wider PEPFAR country team. Stakeholder engagement is essential for a productive and impactful planning process, and civil society engagement will continue to be an integral part of this planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual COP/ROP22 planning and approval process.

Once again, thank you for your continued leadership and engagement during the COP/ROP22 process.

Sincerely,
Angeli Achrekar

Attachment: **COP/ROP 2022 PEPFAR Planned Allocation and Strategic Direction Summary.**
CC: **S/GAC – Chair, Sally Blatz**
S/GAC – PPM, Samantha Walker

Overview: COP/ROP 2022 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly monitoring POARTs, as well as Headquarters Country Accountability and Support Teams (CAST) input, a thorough program review of your country over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2020 and current COP 2021 implementation as we plan for COP 2022. We have noted the following key successes and challenges:

Successes:

1. Viral load suppression surpassing 90% in Q4 FY21, and continued improvements in viral load coverage and suppression across all 10 regions of Cameroon in FY21.
2. Continued progress on case finding, and an encouraging proportion of positives coming from the index modality.
3. PMTCT testing and ART Coverage among pregnant women were excellent, each at 99% for FY21.

Challenges:

1. Supply chain challenges and stock outs and shortages continue to plague the program, impacting results in most program areas, but most critically in ART treatment access, testing, TB preventive therapy, EID and VL.
2. PrEP scale up has been limited, in part due to the initial approach for PrEP roll out which restricted access to MSM and FSW ages 21 or older. This especially impacts AGYW who need to access PrEP, as well as other high-risk groups.
3. The program continues to see shortcomings along the pediatric cascade. Additionally, adoption and procurement of DTG10 has fallen far short in COP21 thus far, with only a very limited pilot among pediatric populations.

Given your country's status of achieved or are near achieving epidemic control, the following priority strategic and integrated changes are recommended:

1. Stakeholders must align on common targets for all program areas and develop an optimized and fully funded procurement strategy to support these targets. ART procurements must prioritize MMD and ensure that TLD can be offered to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), and DTG-10 to all children who are >4 weeks of age and who weigh >3 kg. Sufficient resources must be allocated to commodities required to support all program goals.
2. Targeted case finding must be accelerated so that COP22 can be the year when 90% of people living with HIV in Cameroon know their status. Rigorous training of screening tool usage and of safe and ethical index testing practices must continue, and outreach and innovative testing strategies (e.g., Chefferie testing, use of social media, etc.) must be employed and scaled up.
3. Ensure PrEP is available for all populations at an elevated risk of HIV and expand access to younger populations, especially AGYW.

SECTION 1: COP/ROP 2022 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2021 (EOFY) tool, and performance data, the total COP/ROP 2022 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

TABLE 1: All COP 2022 Funding by Appropriation Year

	Bilateral				Central				Total
	FY22	FY21	FY20	Unspecified	FY22	FY21	FY20	Unspecified	TOTAL
Total New Funding	**$78,343,193**	**$-**	**$-**	**$-**	**$500,000**	**$-**	**$-**	**$-**	**$78,843,193**
GHP-State	$77,768,074	$-	$-		$-	$-	$-		**$77,768,074**
GHP-USAID	$-				$500,000				**$500,000**
GAP	$575,119				$-				**$575,119**
Total Applied Pipeline	**$-**	**$-**	**$-**	**$1,086,806**	**$-**	**$-**	**$-**	**$70,001**	**$1,156,807**
HHS/CDC				$-				$70,001	**$70,001**
PC				$830,312				$-	**$830,312**
State/AF				$256,494				$-	**$256,494**
TOTAL FUNDING	**$78,343,193**	**$-**	**$-**	**$1,086,806**	**$500,000**	**$-**	**$-**	**$70,001**	**$80,000,000**

SECTION 2: COP 2022 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $53,495,600 and the full Orphans and Vulnerable Children (OVC) level of $5,434,300 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

TABLE 2: COP 2022 Earmarks by Appropriation Year*

	Appropriation Year			
	FY22	FY21	FY20	TOTAL
C&T	$53,495,600	$-	$-	**$53,495,600**
OVC	$5,434,300	$-	$-	**$5,434,300**
GBV	$269,600	$-	$-	**$269,600**
Water	$306,000	$-	$-	**$306,000**

**Only GHP-State and GHP-USAID will count towards the earmarks (Care and Treatment, OVC, GBV, and Water).*

***Only GHP-State will count towards the GBV and Water earmarks*

TABLE 3: COP 2022 Initiative Controls: Each dollar planned in COP can belong to only one initiative. Most COP funding will be budgeted as Core Program. In general, initiatives other than Core Program are used to track activities/programs that cannot be tracked by the combination of program area and beneficiary along. See Appendix 1 for more detailed information on initiatives.

	Bilateral	Central	TOTAL
Total Funding	**$79,429,999**	**$570,001**	**$80,000,000**
Core Program	$75,081,799	$70,001	**$75,151,800**
Condoms (GHP-USAID Central Funding)	$-	$500,000	**$500,000**
OVC (Non-DREAMS)	$4,348,200	$-	**$4,348,200**

TABLE 4: Programmatic Controls: Programmatic controls are used to track programmatic directives that can be tracked by a combination of program area and/or beneficiary. Programmatic controls may overlap with Initiatives, for example PrEP for Adolescent Girls and Young Women may count towards both the DREAMS Initiative and the PrEP (AGYW) programmatic control. See Appendix 1 for more detailed information on programmatic controls.

	Bilateral	Central	TOTAL
Total Funding	**$1,524,000**	**$-**	**$1,524,000**
PrEP (AGYW)	$228,000	$-	**$228,000**
PrEP (KPs)	$1,296,000	$-	**$1,296,000**

TABLE 5: State ICASS Funding

	Appropriation Year
	FY22
ICASS	$298,878
ICASS TOTAL	$298,878

See Appendix 1 for detailed budgetary requirements and other budgetary considerations.

SECTION 3: PAST PERFORMANCE – COP/ROP 2020 Review

TABLE 6. COP/ROP OU Level FY21 Program Results (COP20) against FY22 Targets (COP21)

Indicator	FY21 result (COP20)	FY22 target (COP21)
TX Current <15	**10,903**	**16,568**
TX Current >15	**330,187**	**387,286**
VMMC >15	**-**	**-**
DREAMS (AGYW PREV)	**-**	**-**
Cervical Cancer Screening	**-**	**-**
TB Preventive Therapy	**76,627**	**386,610**

TABLE 7. COP/ROP 2020 | FY 2021 Agency-level Outlays versus Approved Budget

OU/Agency	Approved COP/ROP 2020 Planning Level	Total FY 2021 Outlays	Over/Under Outlays
Cameroon	**$92,342,298**	**$89,287,464**	**$3,054,834**
DOD	$1,976,094	$2,813,876	-$837,782
HHS/CDC	$62,925,000	$61,807,069	$1,117,931
PC	$1,254,291	$523,845	$730,446
State	$971,387	$652,610	$318,777
USAID	$20,671,029	$18,682,845	$1,988,184
USAID/WCF	$4,544,497	$4,807,219	-$262,722
Grand Total	**$92,342,298**	**$89,287,464**	**$3,054,834**

TABLE 8. COP/ROP 2020 | FY 2021 Results & Expenditures

Agency	Indicator	FY21 Target	FY21 Result	% Achievement	Program Classification	FY21 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	1,281,055	**1,487,192**	**116.09%**	HTS	$4,440,458	93%
	HTS_TST_POS	80,253	**57,525**	**71.68%**			
	TX_NEW	92,452	**56,719**	**61.35%**	C&T	$37,262,304	76%
	TX_CURR	441,937	**332,334**	**75.20%**			
	VMMC_CIRC	-	-	-			
	OVC_SERV	-	-	-			
DOD	HTS_TST	34,499	**28,289**	**82.00%**	HTS	$201,208	85%
	HTS_TST_POS	2,166	**1,463**	**67.54%**			
	TX_NEW	2,064	**1,407**	**68.17%**	C&T	$1,099,884	86%
	TX_CURR	10,430	**8.756**	**83.95%**			
	VMMC_CIRC	-	-	-			
	OVC_SERV	-	-	-			
USAID	HTS_TST	60,603	**44,311**	**73.12%**	HTS	$2,127,738	90%
	HTS_TST_POS	6,268	**3,357**	**53.56%**			
	TX_NEW	-	-	-	C&T	$5,753,029	81%
	TX_CURR	-	-	-			
	VMMC_CIRC	-	-	-			
	OVC_SERV	61,283	**61,375**	**100.15%**	OVC	$6,393,400	78%
					Above Site Programs	$3,430,841	0%
					Program Management	$16,543,024	0%

SECTION 4: COP/ROP 2022 DIRECTIVES

The following section has specific directives for COP 2022 based on program performance noted above. Please review each section carefully including the minimum program requirements.

Minimum Program Requirements (MPR)
All PEPFAR programs – bilateral and regional– must ensure the following minimum program requirements are in place. Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g., facility, school, community). Evidence demonstrates that lack of any one of these policies/practices significantly undermines HIV impact and results in inefficient and ineffective programs.

All PEPFAR programs are expected to meet all of the requirements below, and the COP22 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the COP22 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2023. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2023 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table below.

TABLE 9. COP/ROP 2022 (FY 2023) Minimum Program Requirements

Care and Treatment	
1.	Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to uninterrupted treatment across age, sex, and risk groups. Status: Completed Issues or Barriers: Though test and start has been formally implemented throughout Cameroon, problems with direct and immediate linkage continue to exist for certain subpopulations. Specifically, linkage for HEI to ART has been poor, especially by EGPAF, and some problems with the KP referral process have been identified and continue to require attention and active partner management.
2.	Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens. Status: In progress, but not on track to meet COP21 goals. COP 22 will target 100% of adults and children weighing ≥30kg offered TLD, and 100% of pediatrics ≥3kg and ≥4 weeks of age offered DTG-10. Optimized procurement plan must support this strategy. Issues or Barriers: TLD Stock tensions and procurements of sub-optimal regimens for both adult and pediatric treatment continue to inhibit the success of this essential program requirement in COP21.
3.	Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups. Status: In process-target completion date is end of COP22 Issues or Barriers: TLD procurement delays caused stock tensions that resulted in the formal prohibition via an MOH circular of MMD towards the end of COP20 and into COP21. Prior to this directive, six-month MMD lagged behind 3 month. DDD has been implemented in some places, but needs to scale up to all regions, especially in rural and conflict areas.

4.	All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT), and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Status: In process though progress has fallen far short of targets Issues or Barriers: Low availability of INH commodities as well as other policy and staff training barriers made achievement of this requirement impossible in Cameroon in COP20 and COP21. Improved commitments to INH procurements and required supporting supply chain infrastructure by all stakeholders must support this requirement and clinical partners must support rollout with training and sensitization of staff to ensure that there is no reluctance to prescribe TPT.
5.	Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks. Status: In process-target – completion date is end of COP21 Issues or Barriers: DNO is being completed as part of COP21 activities. EID access, especially at 2 months has been especially poor in Cameroon, with long backlogs due to stockout of EID point-of-care (POC) testing cartridges and sample collection kits. Stockouts are due to a substantial funding gap for Cameroon. This must be addressed in COP22.
Case Finding	
6.	Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV. Status: In process-target completion date COP22 Issues or Barriers: Index testing continues to scale effectively, and progress in index contributions to overall case finding should be applauded. Ongoing training to ensure confidential and consent-driven index testing must continue at all facilities. Self-testing roll out has been successful but limited. Self-testing should continue to scale up in COP22 and be incorporated into the optimized procurement plan.
Prevention and OVC	
7.	Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices) Status: In process -target completion date of COP21 Issues or Barriers: Currently PrEP access is limited to only key populations over the age of 21. In order to expand PrEP access and meet PEPFAR COP22 funding requirements for PrEP, the PrEP TWG must convene prior to COP22 and agree to expand access, with a specific focus on access to adolescent girls and young women, pregnant and breastfeeding women, and HIV negative partners in sero-discordant couples.
8.	Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 10-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV. Status: In process-target completion date of COP22 Issues or Barriers: While OVC prevention programming has exceeded targets, OVC graduation rates are extremely low, and critically, pediatric cascade results continue to show weakness, including in case finding, linkage, viral load retention and coverage, 2-month EID coverage, and TB screening and TPT coverage. AGYW risk reduction programming has been affected by the absence of the Peace Corps in Cameroon, and critically, by the inability of AGYW to access PrEP in Cameroon.

Policy & Public Health Systems Support
9. In support of the targets set forth in the Global AIDS strategy and the commitments expressed in the 2021 political declaration, OUs demonstrate evidence of progress toward advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups. Status: In process Issues or Barriers: Increased enforcement in 2021 of the law criminalizing same-sex relations posed a grave threat to the human rights and dignity of some key populations in Cameroon. The soon-to-be released IBBS will shed more light on stigma and discrimination faced by key populations in Cameroon. The findings of this survey must be incorporated into COP22 programming in a way that implements specific and measurable activities to reduce stigma and discrimination.
10. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP, and routine clinical services affecting access to HIV testing and treatment and prevention. Status: In process Issues or Barriers: The government has taken huge steps forward to eliminate all formal and informal user fees for HIV and other clinical services. While implementation has been mixed, trends have been positive, especially in eliminating fees related to viral load testing, often the most expensive HIV service.
11. OUs assure program and site standards, including infection prevention & control interventions and site safety standards, are met by integrating effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) practices into site and program management. QA/CQI is supported by IP work plans, Agency agreements, and national policy. Status: In process Issues or Barriers: QA and CQI practices are routinely incorporated into PEPFAR programming and supported by SIMS and other agency-led site visits, however oversite was limited due to constraints from COVID. Generally, QA and CQI are routinely and effectively incorporated into programming and these efforts should continue.
12. Evidence of treatment literacy and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other partner country leadership offices with the general population and health care providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention. Status: In process Issues or Barriers: There are no structural barriers to this work. Implementation at clinical sites and other stigma reduction activities must be prioritized by clinical partners as treatment literacy gaps persist in Cameroon.
13. Clear evidence of agency progress toward local partner direct funding, including increased funding to key populations-led and women-led organizations in support of Global AIDS Strategy targets related to community-, KP- and women-led responses. Status: Not started/very limited progress Issues or Barriers: Clinical partners have not made any progress on transitioning to local partners since COP19. USAID has made very limited progress, mainly on LMD work, but KP and OVC partners still not local. All agencies must show greater gains in COP22, including additional progress among clinical partners, and KP and OVC partners transitioning to local organizations by the end of COP22. 5 out of the 10 regions must use local partners for LMD by the end of COP22. Agencies must also do an assessment of the proportion of partners who qualify as KP-owned or women-led.
14. Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended. Status: Not completed Issues or Barriers: Partner government co-financing has continued to pose a challenge to program performance and were one of the main drivers of stock outs in COP20 and COP21. The GRC has not met all funding commitments which are necessary to unlock Global Fund procurements. Actual GRC funding commitments for HIV response

over the past two years are not known, however, domestic spending on HIV in 2019, the most recent year for which there was data, constituted a very small proportion of overall HIV response expenditure in Cameroon, around 10%, which was a decline from the prior year. The World Bank reports that domestic government expenditure on health in Cameroon has declined over the past 15 years and was about 0.2% of GDP in 2019.
15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. Status: In process Issues or Barriers: Cameroon has made great progress in reducing HIV-related mortality over the past 5 years, and in FY 21, deaths decreased as a proportion of all interruptions in treatment. Monitoring of morbidity and mortality outcomes that began in COP18 should continue to scale, with morbidity and mortality monitoring systems prioritized.
16. Scale-up of case surveillance and unique identifiers for patients across all sites. Status: Not started/limited roll out Issues or Barriers: While there have been some efforts, especially in partnership with the WHO to promote unique IDs and case based surveillance in Cameroon, currently unique IDs are not being used and case based surveillance has been launched but in a very limited capacity The main barriers are funding for the information systems to support these efforts and scale-up EMR use to streamline the system and support case-based surveillance.

In addition to meeting the minimum requirements outlined above, it is expected that Cameroon will consider all the following technical directives and priorities. A full list of COP/ROP 2022 Technical Priorities and Considerations are listed in COP guidance and can be referenced in Section 6.

Table 10. COP/ROP 2022 (FY 2023) Technical Directives

Cameroon – Specific Directives
HIV Clinical Services
1. Stakeholders must achieve an alignment of targets in COP22 and must develop an optimized and fully funded procurement plan to support common targets. This may result in a reduction of PEPFAR targets across the cascade, but this is reflected in the COP22 budget level. TLD must be made available to all adult and pediatric patients >30kg. All pediatric patients <30kg but greater than 4kg must be transitions to DTG10. Procurement plans must reflect this and reversals in TLD adoption in favor of TLE must stop. MMD must be made available to all patients, regardless of viral load suppression status, including pediatrics. 2. Pending final Spectrum estimates, case-finding must be prioritized in COP22 such that 90% of HIV positive individuals in Cameroon known their status by the end of COP22. To support 1st 90 goal, index testing must continue to scale up. Clinical partners must continue to ensure the screening tool is implemented properly and that index testing continues to scale in a way that emphasizes confidentiality, consent, and index testing best practices at all facilities. 3. Viral load coverage must continue to scale up in COP22, and pending Spectrum estimates, should target 90% in COP22. 4. All eligible PLHIV, including children and adolescents, should complete a course of TB preventive treatment in COP22.

HIV Prevention Services
1. PrEP for KP and AGYW – In COP 2022, PrEP should continue to be scaled up with a focus on ensuring policy and programmatic access to PrEP for higher incidence populations. Populations prioritized for PrEP should be tailored to the OU's epidemic context with a focus on Key Populations (including sex workers, men who have sex with men, transgender people, people in prisons and other closed settings, people who inject drugs), adolescent girls and young women including pregnant and breastfeeding AGYW, and other identified higher-incidence populations. A formal review of the initial PrEP rollout must be conducted prior to COP22 and expansion of access to PrEP must be in place prior to COP22 start in order for the team to be able to access the PrEP funding outlined in this letter. 2. TPT must be scaled and made available to all ART patients. This will require additional funding to ensure proper procurements are made to make these available to all 3. U=U messaging prioritized in all clinical partners, ensuring patients understand the importance of viral load suppression.
Other Government Policy, Systems, or Programming Changes Needed
1. Structural barriers for KP – COP/ROP 22 plans should prioritize and take specific steps to address the structural barriers that impede scale up of KP-led and KP-competent differentiated HIV services, as well as the lack of robust data to guide key populations programming. To strengthen strategic information to guide KP responses, plans may include efforts to strengthen individual level data systems and analyses and address gaps in subnational data. Addressing structural barriers should entail improving the enabling environment for HIV service delivery; mitigating harmful policy and social norms that fuel stigma, discrimination and violence faced by key populations; strengthening the capacity of key populations organizations; and strengthening the KP competency of HIV service providers. PEPFAR teams should ensure they are coordinating strategically with relevant State and U.S. government units (e.g., DRL), partner government, multilateral, and other donor funding streams and institutions. As part of the new COP 22 MPR, PEPFAR teams will be expected to describe and present their approach to improving KP data and addressing barriers to accelerated KP-centered HIV services during COP/ROP 22 planning meetings. 2. A formal review of government policy regarding PrEP access must be conducted prior to the start of COP22, and access for AGYW and other high-risk group including those under 21 years of age must be allowed. 3. The Government of Cameroon must meet their co-financing commitments and ensure on time and optimized procurements of all HIV commodities. 4. Government circular instructing clinics to halt transition of patients to TLD, restricting MMD, and initiating new patients on TLE must be recalled following adequate ARV stock in country.

COP/ROP 2022 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring, as appropriate and consistent with applicable law, regulations, and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR

teams actively and routinely coordinate and communicate with all partners, including local, regional, and international civil society and community stakeholders, multilateral partners, and the partner country government.

Civil society organizations are essential and to be invited to participate in the virtual COP22 strategic retreats, planning meetings, as well as approval meetings. In particular, engagement with local CSOs at the country-level is required and should begin early and continue during the entirety of the COP planning, monitoring, and implementation process.

This engagement of civil society, including faith-based organizations/faith communities, specifically includes the sharing of FY 2021 Q4 and FY 2021 Annual Program Results (APR), analyses, and the convening of an in-country planning retreat with local stakeholders, no later than the week of February 7, 2022, in order to introduce and discuss all COP/ROP 2022 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2022. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund, with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In March 2022, PEPFAR will convene virtual meetings where outstanding decisions will be discussed and finalized. In addition to partner country representatives, the meetings will also include representatives from local and international civil society and community organizations, faith-based organizations/faith communities, private sector, and multilateral partners. Specific guidance for the 2022 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP/ROP 2022 development, finalization, and implementation. As in COP/ROP 2021, the draft Strategic Direction Summary (SDS) is required to be shared with both CSO and FBO stakeholders for their input and comments at least 7 days prior to submission to S/GAC. Please refer to the COP/ROP 2022 Guidance for a full list of requirements and engagement timelines. In addition, a more detailed timeline for sharing key data visualizations and other information with stakeholders is forthcoming.

Community-led Monitoring (CLM)

In addition to prescribed and routine engagement during PEPFAR's annual business cycle, including around COP/ROP planning and quarterly POART processes, all PEPFAR programs are required to develop, support, and fund community-led monitoring (CLM) in close collaboration with independent, local civil society organizations and host country governments. Community-led monitoring in COP22 should build on prior activities in COP21 and be designed to help PEPFAR programs and health institutions pinpoint persistent problems, challenges, barriers, and enablers to effective client outcomes at the site level. In addition to being data-driven and action-oriented, CLM should continue to ensure indicators are defined by communities and health service users, and data should be additive and not a duplicate collection of routine data already available to PEPFAR through MER or SIMS. New in COP22, PEPFAR-supported community-led monitoring programs must include an explicit focus on key populations. CLM should be utilized to advance equity and to support improvement in programs, especially for populations who have not yet fully experienced the benefits of HIV epidemic control. For example, OUs with pediatric care and treatment programs should consider utilizing CLM to track and ensure accountability for child, adolescent, and family-centered care.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment: Each OU's COP/ROP 2022 minimum requirement for the care and treatment earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2022 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- 100% Care and Treatment (C&T) Program Areas
- 50% Testing (HTS) Program Areas
- 100% Above Site Program: Laboratory System Strengthening
- 70% Pregnant and Breastfeeding Women Beneficiary Group
- Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

Orphans and Vulnerable Children (OVC): Each OU's COP/ROP 2022 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)
- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries
- Proportional Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the OVC earmark)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. Generalized epidemic countries which do not meet the 50 percent threshold must provide a brief written justification in FACTS Info, explaining the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)
+
Prevention: **community mobilization, behavior, and norms change** (all populations)
+
50 % Prevention: **Not disaggregated** (all populations)

Gender Based Violence (GBV): Each OU's COP/ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2022** funding programmed to the GBV cross-cutting code. Your COP/ROP 2022 earmark is derived by using the final COP/ROP 2021 GBV earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Each OU's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2022 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2021 water earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for water can be above this amount; however, it cannot fall below it.

Initiative Controls: Table 3 shows initiative controls where S/GAC has directed funding for a set of activities that cannot be accounted for through program areas and/or beneficiaries alone. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned.

The four initiative controls below (**Cervical Cancer**, **DREAMS**, **OVC (non-DREAMS)**, and **VMMC**) have been assigned to the appropriate OUs. For OUs where these controls are designated in the PLL, the amounts reflect the minimum required. These initiative controls can be exceeded without a control change, but a control change request would be required before a lower level for these activities can be planned.

Cervical Cancer - This initiative provides funding for all activities related to cervical cancer screening and diagnosis and treatment of precancerous cervical lesions for women living with HIV as outlined in the COP Guidance.

DREAMS - The DREAMS initiative should capture all funding specifically allocated as DREAMS in the OU's planning level and must be used for the goal of HIV and sexual violence prevention among adolescent girls and young women (AGYW) ages 10-24 years (unless otherwise approved) in approved DREAMS SNUs in accordance with the DREAMS and COP Guidance. The DREAMS initiative can also include prevention interventions in DREAMS geographic areas for girls and boys aged 10-14 which may be cost shared with the OVC (non-DREAMS) initiative as noted in the COP guidance.

OVC (non-DREAMS) - OVC (non-DREAMS) is a new initiative in COP/ROP 2022. OUs should use the initiative to budget for OVC (non-DREAMS) programming, including all OVC comprehensive activities as outlined in the COP Guidance. The OVC (non-DREAMS) initiative should include ASP, SE, and PREV costs (except PrEP and VMMC) linked to any OVC beneficiary (including sub-beneficiaries such as OVC caregivers). As the initiative is new for COP/ROP 2022, OUs should pay particular attention to funds programmed under OVC (non-DREAMS) to ensure that the current cohort of children enrolled in the comprehensive program receive continuity of care for FY 2023. The OVC (non-DREAMS) initiative can also include prevention interventions for girls and boys aged 10-14 which may be cost-shared with the DREAMS initiative as noted in the COP guidance. The OVC (non-DREAMS) initiative cannot be met with any HTS, C&T, PM, or commodities costs.

VMMC - All services and equipment related to providing surgical and ShangRing VMMC for boys/men ages 15 and above, and ShangRing circumcision only for boys age 13 and 14 years, should be budgeted using the VMMC initiative.

While the CLM initiative does not appear in PLL budget tables, as CLM remains a requirement in COP/ROP 2022 for all OUs, each OU is responsible for programming a portion of funds under the **Community-Led Monitoring** initiative.

Community-Led Monitoring - During COP/ROP 2020, PEPFAR invested in expansion of community-led monitoring, making it a requirement of all OUs, as a critical way to listen to community voices in assessment of program quality and design of client-centered services. Community-led monitoring remains a requirement in FY 2023.

In addition to the five initiatives above, S/GAC may also allocate funding to OUs under two additional initiative controls: **Condoms (GHP-USAID Central Funding)** and **One-Time Conditional Funding**. If the OU was designated to receive funding under either one or both these initiatives in COP/ROP 2022, Table 3 will reflect these amounts. Unless otherwise noted, country teams should meet these funding controls when programming in their FAST.

Condoms (GHP-USAID Central Funding) - This initiative control denotes the amount of GHP-USAID central funding the country team may use to procure male and female condoms, lubricants, and to ship these commodities to the OU. Any additional condoms and lubricants to be procured with PEPFAR funding should be budgeted in the FAST with bilateral funding.

USAID Southern Africa Regional Platform - This initiative is for the country's share of the costs to operate the USAID Southern Africa Regional Platform, which provides administrative and technical support for Angola, Botswana, Eswatini, Lesotho, and Namibia. These funds were previously planned as part of the bilateral COP funding, but are now budgeted and notified centrally, with country amounts included as central funding in the overall COP levels for Angola, Botswana, Eswatini, Lesotho, and Namibia. Only these 5 countries may use this initiative, and this initiative can only be used with central funding specifically provided as part of the PLL controls.

One-Time Conditional Funding - The release of any funding made available under this initiative is contingent upon the OU's ability to meet all requirements outlined in their final COP/ROP approval memo. OUs that fail to meet these minimum standards may be ineligible to receive these funds for programmatic implementation in FY 2023.

No control is set in the PLL for the **HBCU Tx** and **Surveillance and Public Health Response** initiatives, but OUs may include relevant funds under these initiatives instead of Core Program as appropriate.

All funding not attributed to one of the nine COP/ROP 2022 initiatives above should be attributed to the **Core Program** initiative.

For additional details on initiatives, see the PEPFAR Financial Classifications Reference Guide.

Programmatic Controls: Table 4 shows programmatic controls where S/GAC has directed funding for certain programmatic activities. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned. Since every dollar programmed in COP must belong to one initiative, programmatic controls will be a subset of one or more initiative controls, even if the standard Core Program initiative.

PrEP (AGYW) – The PrEP (AGYW) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for the Females – Adolescent Girls and Young Women sub-beneficiary. The control encompasses both service delivery (SD) and non-service delivery (NSD) activities, inclusive of any commodities costs. OUs should tailor the distribution of funds to SD and NSD based on the country context prioritizing the provision of PrEP services and increasing the number of AGYW on PrEP wherever possible. Countries with a PrEP (AGYW) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

PrEP (KPs) – The PrEP (KPs) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for all sub-beneficiaries under the KP beneficiary. The control encompasses both service delivery (SD) and non-service delivery (NSD) activities, inclusive of any commodities costs. OUs should tailor the distribution of funds to SD and NSD based on the country context prioritizing the provision of PrEP services and increasing the number of KPs on PrEP wherever possible. Countries with a PrEP (KPs) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

State ICASS: Table 5 shows the amount that the OU must program under State for ICASS Costs.

Funds Programmed under State/SGAC (S/GAC TBDs)

No funding may be programmed under State/SGAC without prior approval from S/GAC M&B. In general State/SGAC TBDs are only used in extraordinary and or unusual circumstances. To the degree that funding is approved, the rationale and any conditions attached to the funding will be documented by M&B. Any S/GAC TBDs approved during COP/ROP 2022 planning will require supplemental language in the OU's COP/ROP 2022 approval memo, clearly outlining the process for how these funds can be accessed. Any funds that have not been distributed to agencies before the end of FY 2023 may be subject to reprogramming in future planning cycles towards the same OU or another OU.

COP/ROP 2022 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

Whenever possible, all agencies within an OU should hold several months of pipeline at the end of COP/ROP 2022 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain this buffer. With the exception of Dominican Republic, Ethiopia, Haiti, South Sudan, Zimbabwe, Asia Regional Program, and Western Hemisphere Regional Program, which should hold up to four months of pipeline, all other OUs are permitted to hold no more than three months of buffer pipeline.

Any agency that anticipates ending COP/ROP 2021 implementation (end of FY 2022) with a pipeline in excess of three or four months is required to apply this excessive pipeline to COP/ROP 2022, decreasing the new funding amount to stay within the planning level.

Transitioning HIV Services to Local Partners

To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. In COP19 Guidance, PEPFAR set a goal that 40% of partners must be local by the end of FY19, and 70% by the end of FY20.While considerable progress was made in this effort, the 70% mark was not achieved by all agencies in all OUs, and thus in FY22 and FY23, teams must continue to prioritize this so that the 70% goal can be realized. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY23 as appropriate through their COP/ROP 2022 submission.